

MISSOURI DEPARTMENT OF HEALTH STATE PUBLIC HEALTH LABORATORY DATAMASTER MAINTENANCE REPORT

TOTAL PROBLEM ATTACK

1011-8 7

Complete this report in duplicate at the time of the regular is repaired. Send copy to Department of Health; retain original is	nonthly preventive maintenance of department file.	check, and whenever instrument	
DATAMASTER SN	711111	DATE OF INSPECTION 5-28-09	
204108 LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION	
Ralls Co. Sheriffs Dept., 301 Ralls St., New London, MO 63		2336	
CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.			
DIAGNOSTIC CHECK (PRINTOUT ATTACHED)			
☑ COMPUTER	☑ DETECTOR		
☑ PROGRAM	☑ FILTERS		
☑ HEATERS SAMPLE CHAMBER 49 °C	☑ QUARTZ STANDARD		
☑ FLOW DETECTOR	☑ CALIBRATION		
D PUMP HIGH SPEED	☑ PRINTER		
M INDICATOR LIGHTS			
☑ TIME AND DATE			
SIMULATOR TEMPERATURE (34 °C ± 0.2°C)			
☑ CALIBRATION CHECK -			
Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)			
☑ 0,100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE ☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)			
TEST 1 . 097 . TEST 2	09.7 TEST 3	. 098	
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)			
☑ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)			
REFUSALS (004) (00509)	(.10-,14) (.15-,19)	O (Over .19) O	
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)			
Instrument meets Dept. of Health specs., Guth Labs., .10 solution, lot no. 08340, exp. 10-15-01			
INSPECTING OFFICER	PRINT NAME		
B. C. Gull:	B. C. Griffin		
TYPE II PERMIT NUMBER/EXPIRATION DATE 920080 / 04-22-2011	TELEPHONE NUMBER (660) 385-2132		



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 08340 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1211 percent (w/vol) ethyl alcohol. The expiration date for this lot number is October 15, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcoholanalysis instrument reading of 0.10 percent BAC.

The alcoho and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204108 05/20/09 23:36

--- DIAGNOSTIC CHECK ---

COMPUTER:

Participant

 $\mathbb{O} \mathbb{K} \mathbb{R} Y$

PROGRAM:

OKRY

HEATERS

SAMPLE CHAMBER:

461

FLOW DETECTOR:

OKAY

PUNC

HIGH SPEED:

OKAY

DETECTOR:

CKEY

FILTERS:

OKAY

QUARTZ STAMDARD:

OKAY

CALIBRATION:

OKAY

PRINTER TEST

 $\begin{tabular}{ll} $$ ``#$%(`)*+,-./0123456789::<=>?@ABCDEFG HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijkimno ogrstuv<math>$$$

Operator Signature_

Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down - This Edge In First

BAC DataMasterEvidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204108 05/28/09

ARREST TIME: 23:00
SUBJECT NAME:
TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: M0/1234567890
ARRESTING OFFICER:
GRIFFIN/B/C
OFFICER I.D.: 0429
TESTING OFFICER:
GRIFFIN/B/C
OFFICER I.D.: 0429
PERMIT NUMBER: 920080
EXPIRATION DATE: 04/22/11
MISCELLANEOUS DATA:

--- BREATH AMMLYSIS ---

BLANK TEST INTERNAL STANDARD RADIO INTERFERENCE .600 VERIFIED

23:57

Total Contraction

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204108 05/28/09

TESTING OFFICER:
GRIFFIN/B/C
OFFICER I.D.: 0429
PERMIT NUMBER: 920080
EXPIRATION DATE: 04/22/11
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	. UGB	25:46
INTERNAL STANDARD	VERIFIED	29:46
EXTERMAL STANDARD	. 897	
BLANK TEST	. 888	53#455
EXTERNAL STAMUARD	.097	
BLANK TEST	. 968	23549
EXTERMAL STAMBARD	. 978	23:59
BLANK TEST	, GGG	

H = 3 SIM. = .1 NAVG. = .0973

Operator Signature

Printed on recycled paper with agri-based inks

CMSU

Operator Signature

Printed on recycled paper with agri-based ink

CMSU 2208-02

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



BRANDON GRIFFIN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

MO 580-0771 (7-88)

Expires

Lab, 4 (R7-88)

Director, Department of Health